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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Donna First name J. Middle name	First name Middle name
	Bring your picture identification to your meeting with the trustee.	Nutow Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you hav used in the last 8 years	е	
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-0338	

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Debtor 1 Donna J. Nutow

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.
	Include trade names and doing business as names	Business name(s)	Business name(s)
		EINs	EINs
5.	Where you live	8916 W 140th Street, Unit 3NE Orland Park, IL 60462	If Debtor 2 lives at a different address:
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Cook County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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ar	t 2: Tell the Court About	Your B	sankruptcy Ca	ise					
7.	The chapter of the Bankruptcy Code you are				of each, see <i>Notice F</i> f page 1 and check the		.C. § 342(b) for Individuals Filing for	r Bankruptcy	
	choosing to file under	■ C	hapter 7						
		□с	hapter 11						
		□с	hapter 12						
		Оς	Chapter 13						
3.	How you will pay the fee	•	about how yo	ou may pay. Typ attorney is subi	oically, if you are payin	ig the fee yourself,	he clerk's office in your local court f you may pay with cash, cashier's c r attorney may pay with a credit car	heck, or money	
					he fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay in Installments (Official Form 103A).				
			but is not req applies to you	uired to, waive y ur family size ar	your fee, and may do nd you are unable to p	so only if your inco ay the fee in install	f you are filing for Chapter 7. By law me is less than 150% of the official ments). If you choose this option, y m 103B) and file it with your petitior	poverty line that ou must fill out	
	Harris and Clark Com								
€.	Have you filed for bankruptcy within the last 8 years?	■ No							
			District		Wher	1	Case number		
			District		Wher	ı	Case number		
			District		Wher	1	Case number		
10.	Are any bankruptcy	■ No	0						
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	□ Y€	∋ S.						
			Debtor				Relationship to you		
			District		Wher	1	Case number, if known		
			Debtor				Relationship to you		
			District		Wher	1	Case number, if known		
l1.	Do you rent your residence?	■ No	o. Go to l	ine 12.					
	residence:	□ Ye	_{es.} Has yo	our landlord obta	ained an eviction judg	ment against you a	nd do you want to stay in your resid	lence?	
				No. Go to line	12.				
				Yes. Fill out In bankruptcy per		an Eviction Judgme	ent Against You (Form 101A) and fil	le it with this	

Document Page 4 of 52 Case number (if known) Debtor 1 Donna J. Nutow Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor ■ No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation. partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure **Bankruptcy Code and are** you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

	No.	
_		

Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

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Debtor 1 Donna J. Nutow

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Der	Donna J. Nulow				
Par	t 6: Answer These Quest	ions for Re	porting Purposes		
16.	Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as you have? Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as individual primarily for a personal, family, or household purpose."				ned in 11 U.S.C. § 101(8) as "incurred by an
			_		
		16h	Yes. Go to line 17.	uninge debte? Duninges debte are debte	that you incorred to obtain
		16b.		estment or through the operation of the bus	
			☐ No. Go to line 16c.		
			☐ Yes. Go to line 17.		
		16c.	State the type of debts you o	owe that are not consumer debts or busines	ss debts
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter	7. Go to line 18.	
	Do you estimate that after any exempt property is excluded and			Do you estimate that after any exempt prop vailable to distribute to unsecured creditors	perty is excluded and administrative expenses?
	administrative expenses		■ No		
	are paid that funds will be available for distribution to unsecured creditors?		☐ Yes		that you incurred to obtain iness or investment. s debts erty is excluded and administrative expenses or 50 25,001-50,000
18.	How many Creditors do	■ 1-49		☐ 1,000-5,000	□ 25.001-50.000
	you estimate that you owe?	☐ 50-99		5 001-10,000	5 0,001-100,000
		☐ 100-19 ☐ 200-99		□ 10,001-25,000	t you incurred to obtain so or investment. ebts 25,001-50,000 50,001-100,000 More than100,000 \$1,000,000,001 - \$1 billion \$1,000,000,001 - \$10 billion \$1,000,000,001 - \$10 billion \$10,000,000,001 - \$10 billion \$10,000,000,001 - \$10 billion More than \$50 billion \$10,000,000,001 - \$10 billion \$10,00
19.	How much do you	□ \$0 - \$5	0,000	□ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion
	estimate your assets to be worth?		1 - \$100,000	□ \$10,000,001 - \$50 million	
			01 - \$500,000 01 - \$1 million	☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	
20.	How much do you	□ \$0 - \$5		□ \$1,000,001 - \$10 million	
	estimate your liabilities to be?		01 - \$100,000	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million	
		_ ` `	01 - \$500,000 01 - \$1 million	□ \$100,000,001 - \$500 million	_ ` ' ' ' ' '
Par	t7: Sign Below				
For	you	I have exa	mined this petition, and I dec	clare under penalty of perjury that the inforr	mation provided is true and correct.
				r, I am aware that I may proceed, if eligible, elief available under each chapter, and I ch	
				not pay or agree to pay someone who is not pay or agree to pay someone who is not pay and the pay of the pay o	ot an attorney to help me fill out this
		I request	elief in accordance with the	chapter of title 11, United States Code, spe	cified in this petition.
		bankrupto and 3571.	y case can result in fines up	, concealing property, or obtaining money of to \$250,000, or imprisonment for up to 20 y	or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519,
		Donna J	a J. Nutow . Nutow of Debtor 1	Signature of Debto	r 2
		Executed		Executed on	
			MM / DD / YYYY	MM	I / DD / YYYY

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Debtor 1 Donna J. Nutow Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Thomas W. Lynch	Date	August 25, 2017	
Signature of Attorney for Debtor	_	MM / DD / YYYY	
Thomas W. Lynch Printed name			
Law Office of Thomas W. Lynch, P.C.			
9231 S. Roberts Road Hickory Hills, IL 60457			
Number, Street, City, State & ZIP Code			
Contact phone (708) 598-5999	Email address	twlpc@att.net	
6194247			
Bar number & State			

		DOCUME	eni Paue o or 52	
Fill in this infor	mation to identify your	case:		
Debtor 1	Donna J. Nutow			
	First Name	Middle Name	Last Name	
Debtor 2				
Spouse if, filing)	First Name	Middle Name	Last Name	
Jnited States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number _				

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

· aı	t 1: Summarize Your Assets		assets
		Value	of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	102,662.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	199,951.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	302,613.00
'ar	t 2: Summarize Your Liabilities		
			iabilities nt you owe
	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	80,220.00
	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	2,000.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	34,371.24
	Your total liabilities	\$	116,591.24
ar	t 3: Summarize Your Income and Expenses		
	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,134.78
	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,408.00
ar	t 4: Answer These Questions for Administrative and Statistical Records		
	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	r other so	chedules.
	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a	ı persona	I, family, or

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

page 1 of 2

the court with your other schedules.

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Debtor 1 Donna J. Nutow

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form	4 000 55
	122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14.	\$ 4,222.55

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total	claim
,	•	
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	2,000.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	8,069.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	10,069.00

	Ca	se 17-26253	Doc 1		08/31/17 ument	Entered 08/31/2	17 14:05	:00 De	sc	Main
Fill i	n this inforn	nation to identify yo	ur case and th							
Debt	or 1	Donna J. Nuto	w							
		First Name	Middle	Name		Last Name				
Debt (Spous	or 2 se, if filing)	First Name	Middle	Name		Last Name				
Unite	ed States Bai	nkruptcy Court for the	· NORTHER	N DISTI	RICT OF ILLIN	IOIS				
Orme	o ciaico Bai	mapley Countries and	J							
Case	e number _									Check if this is an amended filing
SC n eac hink i nform Answe	hedule h category, se it fits best. Be nation. If more er every ques Describe	e as complete and acc e space is needed, atta tion. Each Residence, Build	ribe items. List a urate as possibl uch a separate sl ling, Land, or Otl	e. If two heet to th	married people nis form. On the Estate You Ow	n asset fits in more than on are filing together, both are top of any additional pages n or Have an Interest In land, or similar property?	equally resp	onsible for su	ıpply	ing correct
1.1	Yes. Where is			What	is the property	? Check all that apply				
_		Oth Street, Unit 3l f available, or other descript			Single-family h Duplex or multi Condominium	i-unit building	the amoun	t of any secure	d clai	or exemptions. Put ms on <i>Schedule D:</i> ecured by Property.
-	Orland Pa	rk IL 6	50462-0000 ZIP Code		Manufactured of Land Investment pro	or mobile home	Current va entire pro			rrent value of the rtion you own? \$102,662.00
				□ □ Who	Timeshare Other has an interest Debtor 1 only	in the property? Check one	(such as f			ownership interest by the entireties, or
_	County			prope Puro	information your information your identification that is the control of the contr	the debtors and another bu wish to add about this ite	em, such as lo			

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here......=>

\$102,662.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

D .	.h.t.a	Case 17-		Filed 08/31/17 Document	Entered 08/31 Page 11 of 52		Desc Main
	ebtor 1	Donna J. Nu				ase number (if known)	
	,	ns, trucks, trac	tors, sport utility veh	licies, motorcycles			
	□ No						
	Yes						
3	.1 Make	\/IIE		Who has an interest in th	e property? Check one	the amount of any s	red claims or exemptions. Put secured claims on Schedule D:
	Mode Year:			■ Debtor 1 only □ Debtor 2 only		Current value of the	e Claims Secured by Property. Current value of the
	Appro	oximate mileage:	68,000	Debtor 1 and Debtor 2 of	only	entire property?	portion you own?
		r information:		At least one of the debte	ors and another		
	Boo	e according t k	o Kelly Blue	Check if this is commit (see instructions)	unity property	\$3,600.	\$3,600.00
				n for all of your entries fr hat number here			\$3,600.00
Do	you ow Househo	n or have any l	furnishings	erest in any of the follow	ring items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	□ No	es. Major appliar	nces, furniture, linens,	china, kilchenware			
	Yes.	Describe					
				oom and bedroom fur ds and furnishings	niture and misc. hou	ısehold	\$600.00
7.	□ No	es: Televisions a	and radios; audio, vide I phones, cameras, m		oment; computers, printe	ers, scanners; music co	ellections; electronic devices
				l electronics including nisc. accessories.	g 2 televisions and 1	laptop	\$200.00
8.	Example _		l figurines; paintings, μ ons, memorabilia, col		oks, pictures, or other ar	t objects; stamp, coin,	or baseball card collections;
	■ No □ Yes.	Describe					
	Example No	ent for sports a es: Sports, photo musical instr	ographic, exercise, and	d other hobby equipment;	bicycles, pool tables, go	lf clubs, skis; canoes a	nd kayaks; carpentry tools;

Official Form 106A/B Schedule A/B: Property page 2

			17-26253	Doc 1	Filed 08/31/17 Document	Page 12 of 52	Desc Main
De	btor 1	Donna J	I. Nutow			Case number (if known)	
	No		_	s, ammunitior	n, and related equipmen	t	
			••				
	□ No ·		•	s, leather coat	s, designer wear, shoes	accessories	
			persor	nal wearing	apparel		\$300.00
 13. 14. 15.	■ No □ Yes. Non-far Examp ■ No □ Yes. Any oth ■ No □ Yes. Add th for Pa	Describe m animals les: Dogs, of Describe der persona Give specified dollar valuet 3. Write	cats, birds, hors al and househ fic information alue of all of y that number h	our entries fr	u did not already list, i	ding rings, heirloom jewelry, watches, gems, ncluding any health aids you did not list my entries for pages you have attached	gold, silver
			Financial Assets any legal or ed		est in any of the follow	ing?	Current value of the portion you own? Do not deduct secured claims or exemptions.
!	□ No ·	·			our home, in a safe depo	osit box, and on hand when you file your peti pocket cash	ion \$50.00
	Examp ☐ No		ng, savings, or ions. If you hav		al accounts; certificates of counts with the same ins	,	houses, and other similar
			17.1.	Checking	5/3 Bank		\$1,000.00
			17.2.	Savings	5/3 Bank		\$200.00
	Examp		nds, or public unds, investme		cks ith brokerage firms, mor	ney market accounts	
	■ No			Institution or is	ssuer name:		

Official Form 106A/B Schedule A/B: Property page 3

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Case number (if known) Document Debtor 1 Donna J. Nutow 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ■ No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ No Yes. List each account separately. Type of account: Institution name: 401(k) 401(k) through employer \$194,000.00 pension through employer, vests only at \$1.00 retirement 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☐ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own? Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

No

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years......

Dα	btor 1 Donna J. Nutow	Document	Page 14 of 52 Case number (if known)	
De	Donna J. Nutow		Case number (# known)	
	Family support Examples: Past due or lump sum alimony, spou ■ No ☐ Yes. Give specific information	ısal support, child suppo	ort, maintenance, divorce settlement, property	settlement
	Other amounts someone owes you Examples: Unpaid wages, disability insurance poenefits; unpaid loans you made to	payments, disability ben someone else	efits, sick pay, vacation pay, workers' comper	nsation, Social Security
	☐ Yes. Give specific information			
	Interests in insurance policies Examples: Health, disability, or life insurance; h No	ealth savings account (HSA); credit, homeowner's, or renter's insurar	nce
	Yes. Name the insurance company of each po Company name:	olicy and list its value.	Beneficiary:	Surrender or refund value:
	term life insura	nce, no cash value		\$0.0
ı	Any interest in property that is due you from If you are the beneficiary of a living trust, expec someone has died. ■ No □ Yes. Give specific information			eive property because
	Claims against third parties, whether or not y Examples: Accidents, employment disputes, ins No □ Yes. Describe each claim			
	Other contingent and unliquidated claims of No ☐ Yes. Describe each claim	every nature, includin	g counterclaims of the debtor and rights to	set off claims
	Any financial assets you did not already list			
	■ No □ Yes. Give specific information			
36.	Add the dollar value of all of your entries from Part 4. Write that number here	•		\$195,251.00
Par	nt 5: Describe Any Business-Related Property You	Own or Have an Interest I	In. List any real estate in Part 1.	
	Do you own or have any legal or equitable interest i No. Go to Part 6. Yes. Go to line 38.	n any business-related p	roperty?	
Par	rt 6: Describe Any Farm- and Commercial Fishing-If you own or have an interest in farmland, list it in		n or Have an Interest In.	
46.	Do you own or have any legal or equitable in	terest in any farm- or o	commercial fishing-related property?	
	☐ Yes. Go to line 47.			

Official Form 106A/B Schedule A/B: Property page 5

Describe All Property You Own or Have an Interest in That You Did Not List Above

Part 7:

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_	Do you have other property of any kind you did not already Examples: Season tickets, country club membership No	list?			
_	Yes. Give specific information				
54.	Add the dollar value of all of your entries from Part 7. Write	te that	number here		\$0.00
Part	8: List the Totals of Each Part of this Form				
55.	Part 1: Total real estate, line 2				\$102,662.00
56.	Part 2: Total vehicles, line 5		\$3,600.00		
57.	Part 3: Total personal and household items, line 15		\$1,100.00		
58.	Part 4: Total financial assets, line 36		\$195,251.00		
59.	Part 5: Total business-related property, line 45		\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52		\$0.00		
61.	Part 7: Total other property not listed, line 54	+	\$0.00		
62.	Total personal property. Add lines 56 through 61		\$199,951.00	Copy personal property total	al \$199,951.00

Official Form 106A/B Schedule A/B: Property page 6

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$302,613.00

		DOWNING	1 4440 10 01 02	
Fill in this infor	mation to identify your	case:		
Debtor 1	Donna J. Nutow			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check if this
				amended filir

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

	identify the Property You Claim as E.	xempt								
1.	Which set of exemptions are you claiming?	? Check one only, ever	n if yo	our spouse is filing with you.						
	■ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)									
	☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)									
2.	For any property you list on Schedule A/B	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.								
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption					
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.						
	8916 W 140th Street, Unit 3NE Orland	\$102,662.00		\$15,000.00	735 ILCS 5/12-901					
	Park, IL 60462 Cook County Purchased in 2012 for \$92,500.00. Mortgage Co. has a loan with a balance of \$80,220.00. Value according to CMA. Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit						
	2005 Saturn VUE 68,000 miles	\$3,600.00		\$2,400.00	735 ILCS 5/12-1001(c)					
	value according to Kelly Blue Book Line from Schedule A/B: 3.1			100% of fair market value, up to						

any applicable statutory limit

2005 Saturn VUE 68,000 miles value according to Kelly Blue Book	\$3,600.00	\$1,200.00	735 ILCS 5/12-1001(b)
Line from Schedule A/B: 3.1		100% of fair market value, up to any applicable statutory limit	
kitchen, living room and bedroom furniture and misc. household	\$600.00	\$600.00	735 ILCS 5/12-1001(b)
appliances, goods and furnishings Line from Schedule A/B: 6.1		100% of fair market value, up to any applicable statutory limit	

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Debtor 1 Donna J. Nutow Case number (if known)

	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
	misc. household electronics including 2 televisions and 1 laptop	\$200.00		\$200.00	735 ILCS 5/12-1001(b)	
	computer with misc. accessories. Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit		
	personal wearing apparel Line from Schedule A/B: 11.1	\$300.00		\$300.00	735 ILCS 5/12-1001(a)	
	Ellie II olii osii osii osii olii ili			100% of fair market value, up to any applicable statutory limit		
	pocket cash Line from Schedule A/B: 16.1	\$50.00		\$50.00	735 ILCS 5/12-1001(b)	
	Ellie IIIII Schedule A.B. 10.1			100% of fair market value, up to any applicable statutory limit		
	Checking: 5/3 Bank Line from Schedule A/B: 17.1	\$1,000.00		\$1,000.00	735 ILCS 5/12-1001(b)	
	Line IIIII Schedule PAB. 17.1			100% of fair market value, up to any applicable statutory limit		
	Savings: 5/3 Bank Line from Schedule A/B: 17.2	\$200.00		\$200.00	735 ILCS 5/12-1001(b)	
	Line Iron Schedule AVD. 17.2			100% of fair market value, up to any applicable statutory limit		
	401(k): 401(k) through employer Line from Schedule A/B: 21.1	\$194,000.00		100%	735 ILCS 5/12-1006	
	Ellie IIdiii denedale PVB. 21.1			100% of fair market value, up to any applicable statutory limit		
	pension through employer, vests only at retirement	\$1.00		100%	735 ILCS 5/12-1006	
	Line from Schedule A/B: 21.2			100% of fair market value, up to any applicable statutory limit		
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every ■ No ☐ Yes. Did you acquire the property cover	3 years after that for ca	ises fi			
	□ No □ Yes					

	Case	17-26253	Doc 1	Filed 08/31/17 Document	Entered Page 18	d 08/31/17 14:0 of 52	5:00 Desc M	1ain
Fill i	n this informatio	n to identify you	r case:		1 17177, 117	VI VI		
Debt		onna J. Nutow st Name		dle Name	Last Name			
Debt								
(Spous	se if, filing) Fir	st Name	Mid	dle Name	Last Name			
Unite	ed States Bankrup	tcy Court for the:	NORTH	ERN DISTRICT OF ILL	LINOIS			
Case	e number							
(if kno							☐ Check	if this is an
							ameno	led filing
⊃π:	aial Farra 40	NCD.						
	cial Form 10							
Scł	nedule D:	Creditors	Who F	lave Claims	Secured	by Property		12/15
s nee numbe	ded, copy the Addi er (if known). any creditors have	tional Page, fill it o	out, number t v your proper	the entries, and attach it	to this form. On	ually responsible for support the top of any additional the top of a	l pages, write your na	
ı	Yes. Fill in all of	f the information I	pelow.					
Part	1. List All Sec	ured Claims						
			nore than one	secured claim, list the cre	editor separately	Column A	Column B	Column C
for ea	ach claim. If more th	an one creditor has	a particular c	laim, list the other creditor rding to the creditor's name	s in Part 2. As	Do not deduct the	Value of collateral that supports this claim	Unsecured portion If any
2.1	Fifth Third Bar	nk	Describe th	e property that secures	the claim:	\$80,220.00	\$102,662.00	\$0.00
	5/3 Bank Bank Department 1830 E Paris A Grand Rapids	ve Se	Orland P Purchase Mortgage balance e accordin	40th Street, Unit 3N ark, IL 60462 Cooked in 2012 for \$92,5 e Co. has a loan with the cooked of \$80,220.00. Values to CMA. atte you file, the claim is:	County 00.00. th a			
•	Number, Street, City, S	State & Zip Code	☐ Unliquida	ated				
			Disputed					
	owes the debt?	check one.		ien. Check all that apply.				
	ebtor 1 only		L An agree car loan	ement you made (such as	mortgage or secu	ured		
	ebtor 2 only			•				
	ebtor 1 and Debtor 2			lien (such as tax lien, me	chanic's lien)			
□с	t least one of the deb heck if this claim re community debt		_	nt lien from a lawsuit cluding a right to offset)	Mortgage			
Date	debt was incurred	Opened 12/11 Last Active 6/30/17	Last	4 digits of account num	ber 3318			

Add the dollar value of your entries in Column A on this page. Write that number here: \$80,220.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$80,220.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Page 19 of 52 Document Fill in this information to identify your case: Debtor 1 Donna J. Nutow Middle Name First Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims Do any creditors have priority unsecured claims against you? ☐ No. Go to Part 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) **Total claim** Priority Nonpriority 2.1 **Internal Revenue Service** Last 4 digits of account number \$2,000.00 \$2,000.00 \$0.00 Priority Creditor's Name **Cenralized Insolvency Operation** When was the debt incurred? PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: ☐ Domestic support obligations ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Taxes and certain other debts you owe the government ☐ Claims for death or personal injury while you were intoxicated Is the claim subject to offset? ■ No Other. Specify 2015 ☐ Yes Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? □ No. You have nothing to report in this part. Submit this form to the court with your other schedules. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority

Total claim

Part 2.

unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of

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Debtor 1 Donna J. Nutow Case number (if know) 4.1 Citibank / Sears Last 4 digits of account number 9632 \$5,418.00 Nonpriority Creditor's Name Attn: Centralize Bankruptcy Opened 03/07 Last Active When was the debt incurred? 6/16/17 Po Box 790040 Saint Louis, MO 63179 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.2 **Citibank North America** Last 4 digits of account number 1904 \$209.00 Nonpriority Creditor's Name Centralized Bankruptcy Opened 03/06 Last Active Po Box 790040 When was the debt incurred? 6/16/17 Saint Louis, MO 63179 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Credit Card** Other. Specify **Comenity Bank/Lane Bryant** 4.3 \$175.00 Last 4 digits of account number 0480 Nonpriority Creditor's Name Attn: Bankruptcy Opened 04/06 Last Active Po Box 182125 When was the debt incurred? 6/16/17 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacktriangled Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

■ Other. Specify Charge Account

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Debtor 1 Donna J. Nutow Case number (if know) 4.4 Dept Of Ed/Navient Last 4 digits of account number 1102 \$5.284.00 Nonpriority Creditor's Name Attn: Claims Dept Opened 11/11 Last Active P.O. Box 9635 When was the debt incurred? 6/19/17 Wilkes Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed ☐ Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other, Specify Educational 4.5 Dept Of Ed/Navient Last 4 digits of account number 1102 \$2,785.00 Nonpriority Creditor's Name Attn: Claims Dept Opened 11/11 Last Active 6/19/17 P.O. Box 9635 When was the debt incurred? Wilkes Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Educational 4.6 **Discover Financial** Last 4 digits of account number 3381 \$3,908.00 Nonpriority Creditor's Name Opened 12/95 Last Active Po Box 3025 When was the debt incurred? 6/16/17 New Albany, OH 43054 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: \square At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

■ Other. Specify Credit Card

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Debtor 1 Donna J. Nutow Case number (if know) 4.7 **ER Medical Associates of Palos** Last 4 digits of account number \$48.46 Nonpriority Creditor's Name **Bankruptcy Dept** When was the debt incurred? PO Box 5969 Carol Stream, IL 60197-5969 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Balance due for unpaid medical services ☐ Yes 4.8 Kohls/Capital One Last 4 digits of account number 4875 \$438.00 Nonpriority Creditor's Name **Kohls Credit** Opened 05/98 Last Active Po Box 3043 When was the debt incurred? 6/16/17 Milwaukee, WI 53201 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No \square Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Charge Account** Other. Specify 4.9 **Lending Club Corp** Last 4 digits of account number 7034 \$10,389.00 Nonpriority Creditor's Name 71 Stevenson St Opened 09/16 Last Active Suite 300 When was the debt incurred? 7/13/17 San Francisco, CA 94105 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Unsecured ☐ Yes

Document Page 23 of 52 Debtor 1 Donna J. Nutow Case number (if know) 4.1 \$363.92 Loyola Medicine Last 4 digits of account number 0 Nonpriority Creditor's Name **Bankruptcy Dept** When was the debt incurred? 2 Westbrook Corp Ctr, ste 700 Westchester, IL 60154 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Balance due for unpaid medical services ☐ Yes 4.1 Loyola University Health System \$100.00 Last 4 digits of account number Nonpriority Creditor's Name **Bankruptcy Dept** When was the debt incurred? 2160 S. First Ave Maywood, IL 60153 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? ■ No \square Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Balance due for unpaid medical services ☐ Yes 4.1 Medicredit Inc. 2173 \$610.00 Last 4 digits of account number Nonpriority Creditor's Name Po Box 1629 When was the debt incurred? **Opened 03/17** Maryland Heights, MO 63043 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

■ Other. Specify Health Syste

Collection Attorney Loyola University

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Debtor 1 Donna J. Nutow Case number (if know) 4.1 Medicredit Inc. 2164 \$297.00 Last 4 digits of account number 3 Nonpriority Creditor's Name Po Box 1629 When was the debt incurred? **Opened 03/17** Maryland Heights, MO 63043 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No Collection Attorney Loyola University ☐ Yes Other. Specify **Health Syste** 4.1 Medicredit Inc. 9103 \$277.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 08/16 Last Active Po Box 1629 When was the debt incurred? 12/19/16 Maryland Heights, MO 63043 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Attorney Loyola Physicians Epic ☐ Yes 4.1 Medicredit Inc. 8914 \$246.00 Last 4 digits of account number 5 Nonpriority Creditor's Name Po Box 1629 When was the debt incurred? **Opened 10/16** Maryland Heights, MO 63043 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans \square Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection Attorney Loyola Physicians Epic ☐ Yes

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Debtor 1 Donna J. Nutow Case number (if know) 4.1 Medicredit Inc. 8161 \$84.00 Last 4 digits of account number 6 Nonpriority Creditor's Name Po Box 1629 When was the debt incurred? **Opened 09/16** Maryland Heights, MO 63043 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other, Specify Collection Attorney Loyola Physicians Epic ☐ Yes 4.1 Medicredit Inc. 8281 \$84.00 Last 4 digits of account number Nonpriority Creditor's Name Po Box 1629 When was the debt incurred? **Opened 09/16** Maryland Heights, MO 63043 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Attorney Loyola Physicians Epic ☐ Yes 4.1 Medicredit Inc. 9394 \$67.00 Last 4 digits of account number 8 Nonpriority Creditor's Name Po Box 1629 When was the debt incurred? **Opened 04/17** Maryland Heights, MO 63043 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No Collection Attorney Loyola University ☐ Yes Other. Specify Health Syste

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Debtor 1 Donna J. Nutow Case number (if know) 4.1 Medicredit Inc. 8789 \$56.00 Last 4 digits of account number 9 Nonpriority Creditor's Name Po Box 1629 When was the debt incurred? **Opened 10/16** Maryland Heights, MO 63043 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No Collection Attorney Loyola University ☐ Yes Other. Specify **Health Syste** 4.2 Medicredit Inc. 8799 \$55.00 Last 4 digits of account number 0 Nonpriority Creditor's Name Po Box 1629 **Opened 10/16** When was the debt incurred? Maryland Heights, MO 63043 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No **Collection Attorney Loyola University** Other. Specify Health Syste ☐ Yes 4.2 Medicredit Inc. \$40.00 1944 Last 4 digits of account number Nonpriority Creditor's Name Po Box 1629 When was the debt incurred? **Opened 03/17** Maryland Heights, MO 63043 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection Attorney Loyola Physicians Epic ☐ Yes

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Debtor 1 Donna J. Nutow Case number (if know) 4.2 Medicredit Inc. 1960 \$37.00 Last 4 digits of account number 2 Nonpriority Creditor's Name Po Box 1629 When was the debt incurred? **Opened 03/17** Maryland Heights, MO 63043 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other, Specify Collection Attorney Loyola Physicians Epic ☐ Yes 4.2 Medicredit Inc. 9400 \$37.00 Last 4 digits of account number 3 Nonpriority Creditor's Name Po Box 1629 When was the debt incurred? **Opened 04/17** Maryland Heights, MO 63043 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No **Collection Attorney Loyola University** ■ Other. Specify **Health Syste** ☐ Yes 4.2 **Palos Health** \$1,685.68 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? **Bankruptcy Department** 12251 South 80th Avenue Palos Heights, IL 60463 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Balance due for unpaid medical services ☐ Yes

Debte	or 1 Donna J. Nutow	Document Page 2	8 of 52 Case number (if know)				
			. ,				
4.2 5	Radiology & Nuclear Consultants	Last 4 digits of account number		\$32.18			
	Nonpriority Creditor's Name Bankruptcy Dept 7808 W College Dr Ste 1SE	When was the debt incurred?					
	Palos Heights, IL 60463 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Balance du	e for unpaid medical services				
4.2 6	Synchrony Bank/Sams	Last 4 digits of account number	0270	\$1,466.00			
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060	When was the debt incurred?	Opened 04/03 Last Active 6/16/17				
	Orlando, FL 32896 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.	•	,				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Charge Acc	count				
4.2	Target	Last 4 digits of account number	7369	\$179.00			
	Nonpriority Creditor's Name			·			
	C/O Financial & Retail Srvs Mailstopn BT POB 9475 Minneapolis, MN 55440	When was the debt incurred?	Opened 05/13 Last Active 6/16/17				
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another						
	☐ Check if this claim is for a community	☐ Student loans					
	debt	☐ Obligations arising out of a sepa	ration agreement or divorce that you did not				

Part 3: List Others to Be Notified About a Debt That You Already Listed

■ Other. Specify Credit Card

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

■ No

☐ Yes

report as priority claims

Is the claim subject to offset?

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

Debtor 1 Donna J. Nutow

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Case number (if know)

that you listed in Parts 1 or 2, list th it or submit this page.	e additional creditors here. If you do not have additional persons to be					
On which entry in Part 1 or Part 2 did you list the original creditor?						
Line 4.7 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims					
	■ Part 2: Creditors with Nonpriority Unsecured Claims					
Last 4 digits of account number						
On which entry in Part 1 or Part 2 or	did you list the original creditor?					
Line 4.10 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims					
	Part 2: Creditors with Nonpriority Unsecured Claims					
Last 4 digits of account number						
On which entry in Part 1 or Part 2 or	did you list the original creditor?					
Line 4.24 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims					
	■ Part 2: Creditors with Nonpriority Unsecured Claims					
Last 4 digits of account number						
On which entry in Part 1 or Part 2 or	did you list the original creditor?					
Line 4.25 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims					
	■ Part 2: Creditors with Nonpriority Unsecured Claims					
Last 4 digits of account number						
	Last 4 digits of account number On which entry in Part 1 or Part 2 of the digits of account number On which entry in Part 1 or Part 2 of the digits of account number Last 4 digits of account number On which entry in Part 1 or Part 2 of the digits of account number On which entry in Part 1 or Part 2 of the digits of account number Last 4 digits of account number On which entry in Part 1 or Part 2 of the digits of account number On which entry in Part 1 or Part 2 of the digits of account number					

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				1	Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	2,000.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	2,000.00
				7	Total Claim
	6f.	Student loans	6f.	\$	8,069.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	26,302.24
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	34,371.24

		DUGITIE	III FAUE SU ULSZ	
Fill in this infor	mation to identify your	case:		
Debtor 1	Donna J. Nutow			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check if this amended filir

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	r company with Name, Numbe	n whom you have the er, Street, City, State and ZIP (contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.2					<u> </u>
	Name				
	Number	Street			
	Oit.		04-4-	71D O- 4-	<u> </u>
2.3	City		State	ZIP Code	
2.3	Name				
	INAILIE				
	Number	Street			
	City		State	ZIP Code	<u> </u>
2.4	Oity		Otato	Zii Godo	
	Name				_
	Number	Street			_
	Number	Street			
	City		State	ZIP Code	_
2.5					
	Name				_
	Number	Street			<u> </u>
	City		State	ZIP Code	_

		Docume	ent Page 31 d	of 52	
Fill in this	information to identify your	case:			
Debtor 1	Donna J. Nutow				
Dobtor 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filin	ng) First Name	Middle Name	Last Name		
United Stat	tes Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case numb	har				
(if known)				☐ Check if this is an	
				amended filing	
Sched Codebtors Decople are ill it out, a	filing together, both are equ nd number the entries in the	re also liable for any deb ally responsible for supp boxes on the left. Attach	olying correct informat	12/1 as complete and accurate as possible. If two married tion. If more space is needed, copy the Additional Pa to this page. On the top of any Additional Pages, writ	ge,
	and case number (if known)				
1. Do y	you have any codebtors? (If	you are filing a joint case,	do not list either spouse	e as a codebtor.	
■ No □ Yes	S				
Arizona No.	Go to line 3. Did your spouse, former spou	Nevada, New Mexico, Pu	erto Rico, Texas, Wash	ry? (Community property states and territories include ington, and Wisconsin.)	
in line Form out Co	2 again as a codebtor only i	f that person is a guaran	tor or cosigner. Make	r if your spouse is filing with you. List the person she sure you have listed the creditor on Schedule D (Off D6G). Use Schedule D, Schedule E/F, or Schedule G t	icial o fill
	Name, Number, Street, City, State and Zl	P Code		Check all schedules that apply:	IJί
3.1				☐ Schedule D. line	
	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
-	Niverbana Otrant				
	Number Street City	State	ZIP Code		
				Пол. и в г	
3.2	Name			Schedule D, line	
'				☐ Schedule E/F, line	
				☐ Schedule G, line	
	Number Street	_			
•	City	State	ZIP Code		

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						•				
	in this information to identify your btor 1 Donna J. N									
	btor 2 puse, if filing)				_					
Un	ited States Bankruptcy Court for the	ne: NORTHERN DISTRIC	CT OF ILLINOIS							
	se number 		-					ed filing ent showin	g postpetition ollowing date:	
<u>O</u>	fficial Form 106I					i	MM / DD/ Y	YYYY		
S	chedule I: Your Inc	come								12/1
spo atta	plying correct information. If youse. If you are separated and youch a separate sheet to this form Tt 1: Describe Employment	our spouse is not filing w n. On the top of any additi	ith you, do not inclu	de infor	mati	on abou	ıt your spo	ouse. If me	ore space is	needed,
١.	information.		Debtor 1						iling spouse	
	If you have more than one job, attach a separate page with	Employment status	■ Employed				☐ Employed ☐ Not employed			
	information about additional employers.		☐ Not employed				□ Not e	mpioyea		
	Include part-time, seasonal, or	Occupation	administrative a	assista	nt					
	self-employed work.	Employer's name	Sears							
	Occupation may include studen or homemaker, if it applies.	Employer's address	5500 Trillium BI Hoffman Estate		179					
		How long employed t	here? 37 year	s			_			
Pa	rt 2: Give Details About M	onthly Income								
	imate monthly income as of the use unless you are separated.	date you file this form. If	you have nothing to r	eport for	any	line, writ	e \$0 in the	space. Ind	clude your no	n-filing
	ou or your non-filing spouse have the space, attach a separate sheet		ombine the informatio	n for all	empl	oyers fo	r that perso	on on the li	nes below. If	you need
						For De	ebtor 1		btor 2 or ing spouse	
2.	List monthly gross wages, sa deductions). If not paid monthly			2.	\$		4,162.17	\$	N/A	
3.	Estimate and list monthly over	rtime pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Income. Add	line 2 + line 3.		4.	\$	4,1	62.17	\$	N/A	

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Debt	tor 1	Donna J. Nutow	-	C	ase r	number (<i>if kr</i>	nown)				
					For	Debtor 1			r Debtor n-filing s		
	Сор	y line 4 here	4.		\$	4,162	2.17	\$_		N/A	-
5.	List	all payroll deductions:									
	5a. 5b. 5c. 5d. 5e. 5f. 5g.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues	5a 5b 5c 5d 5e 5f.). :. l.).	\$ \$ \$ \$ \$ \$	416 305 281 (0.00 6.22 6.52 1.49 0.00	\$		N/A N/A N/A N/A N/A N/A	- - - - -
	5h.	Other deductions. Specify:	_ 5h		\$		0.00			N/A	_
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	2,027		\$_		N/A	_
7. 8.		all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	7. 8a 8b	l.).	\$ \$ \$	(0.00	\$_ \$_ \$_		N/A N/A N/A	- - -
	8d.	Unemployment compensation	8d	l.	\$		0.00	\$		N/A	
	8e. 8f.	Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	8e - _ 8f. 8g		\$ \$	(0.00	\$_ \$_		N/A N/A N/A	_
	8h.	Other monthly income. Specify:	_ 8h	1.+	\$	(0.00	+ \$ _		N/A	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	i	(0.00	\$_		N//	4
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_	2	2,134.78	+ \$_		N/A	= \$ _	2,134.78
11.	11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00										
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies							12.	\$Combi	
13.	Do y	you expect an increase or decrease within the year after you file this form No. Yes. Explain:	?							month	ly income

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Fill	in this information	on to identify yo	our case:					
Deb	otor 1	Donna J. Nu	tow			Che	ck if this is:	
	otor 2 ouse, if filing)						An amended filing A supplement show 13 expenses as of	ving postpetition chapter the following date:
Unit	ed States Bankrur	otcy Court for the	: NORTH	IERN DISTRICT OF ILLIN	OIS		MM / DD / YYYY	
	e number	,						
	nown)							
Of	fficial For	m 106J						
	chedule							12/15
info		re space is ne	eded, atta	. If two married people ar ch another sheet to this n.				
Par	t 1: Describ	e Your House	ehold					
	■ No. Go to l							
	☐ Yes. Does	Debtor 2 live	in a separ	ate household?				
	□ No □ Yes	s. Debtor 2 mus	st file Offici	al Form 106J-2, Expenses	for Separate House	ehold of Deb	otor 2.	
2.		dependents?	■ No	, ,	,			
	Do not list Deb Debtor 2.	•	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state th							□ No
	dependents na	ames.						☐ Yes ☐ No
								☐ Yes
								□ No
								☐ Yes
								□ No □ Yes
3.	Do your expe	nses include		No				□ 1es
		people other t your depende	han $_{m \Box}$	Yes				
D	<u> </u>			. 				
Est	t 2: Estimate imate your exponences as of a collicable date.	enses as of ye	our bankrı	y Expenses uptcy filing date unless y y is filed. If this is a supp	ou are using this followed	orm as a su J, check tl	upplement in a Cha he box at the top o	apter 13 case to report f the form and fill in the
the		assistance an		government assistance i cluded it on <i>Schedule I:</i>)			Your exp	enses
•		,						
4.		home owners any rent for the		ses for your residence. I or lot.	nclude first mortgag	e 4. \$	\$	737.00
	If not include	d in line 4:						
		tate taxes				4a. \$	·	0.00
		y, homeowner's				4b. 9		75.00
				upkeep expenses dominium dues		4c. \$ 4d. \$	·	0.00 205.00
5.				our residence, such as ho	me equity loans	5. 9	·	0.00

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ebtor 1 Do	onna J. Nutow	Case number (if known)	
Utilities:			
	ectricity, heat, natural gas	6a. \$	100.00
	ater, sewer, garbage collection	6b. \$	0.00
	lephone, cell phone, Internet, satellite, and cable services	6c. \$	150.00
	ner. Specify:	6d. \$	0.00
	d housekeeping supplies	σα. φ 7. \$	350.00
	e and children's education costs	8. \$	
		9. \$	0.00
_	, laundry, and dry cleaning		125.00
	care products and services	10. \$	30.00
	and dental expenses	11. \$	60.00
	rtation. Include gas, maintenance, bus or train fare.	12. \$	300.00
	clude car payments.	13. \$	
	nment, clubs, recreation, newspapers, magazines, and books	· -	0.00
	le contributions and religious donations	14. \$	0.00
i. Insuranc			
	clude insurance deducted from your pay or included in lines 4 or 20 e insurance	15a. \$	27.00
	alth insurance	15b. \$	27.00
		·	0.00
	hicle insurance	15c. \$	74.00
	ner insurance. Specify:	15d. \$	0.00
	o not include taxes deducted from your pay or included in lines 4 or		
	2015 taxes to IRS	16. \$	65.00
	ent or lease payments:	47. 0	
	r payments for Vehicle 1	17a. \$	0.00
	r payments for Vehicle 2	17b. \$	0.00
	ner. Specify: student loans	17c. \$	90.00
	ner. Specify:	17d. \$	0.00
	ments of alimony, maintenance, and support that you did not r		0.00
	from your pay on line 5, Schedule I, Your Income (Official For		
	yments you make to support others who do not live with you.	\$	0.00
Specify:		19.	
	al property expenses not included in lines 4 or 5 of this form or		
	rtgages on other property	20a. \$	0.00
	al estate taxes	20b. \$	0.00
20c. Pro	operty, homeowner's, or renter's insurance	20c. \$	0.00
20d. Ma	intenance, repair, and upkeep expenses	20d. \$	0.00
20e. Ho	meowner's association or condominium dues	20e. \$	0.00
. Other: Sp	pecify: tolls	21. +\$	20.00
0-11-4			
	e your monthly expenses		
	lines 4 through 21.	\$	2,408.00
22b. Cop	y line 22 (monthly expenses for Debtor 2), if any, from Official Form	106J-2 \$	
22c. Add	line 22a and 22b. The result is your monthly expenses.	\$	2,408.00
Coloules	a your monthly not income		
	e your monthly net income.	22a •	0.404.70
	py line 12 (your combined monthly income) from Schedule I.	23a. \$	2,134.78
23b. Co	py your monthly expenses from line 22c above.	23b\$	2,408.00
006 00	httpod vous monthly over each from the state of the state		
	btract your monthly expenses from your monthly income.	23c. \$	-273.22
ı he	e result is your <i>monthly net income</i> .	230. Ψ	L. V.LL
4 Do you o	expect an increase or decrease in your expenses within the yea	r after you file this form?	
	le, do you expect to finish paying for your car loan within the year or do you e		crease or decrease because of
	in to the terms of your mortgage?	Apool your mortgage payment to in	order or decrease because (
■ No.	, , ,		
— INO.			

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Fill in this	s information to identify your	case:			
Debtor 1	Donna J. Nutow				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, fili	ing) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	NORTHERN DISTRICT	T OF ILLINOIS		
Case num	nber				Charlet Wilder
(II KHOWH)					Check if this is an amended filing
	Form 106Dec				
Decla	aration About a	ın Individual	l Debtor's Sc	chedules	12/15
	ooth. 18 U.S.C. §§ 152, 1341, 1		Nuprey case can resum	mes up to \$250,000	, or imprisonment for up to 20
Did y	you pay or agree to pay some	one who is NOT an atto	rney to help you fill out I	bankruptcy forms?	
	No				
	Yes. Name of person				ruptcy Petition Preparer's Notice, and Signature (Official Form 119)
	r penalty of perjury, I declare hey are true and correct.	that I have read the sun	nmary and schedules file	,	, ,
X Is	s/ Donna J. Nutow		X		
	Donna J. Nutow		Signature of	f Debtor 2	
	Signature of Debtor 1		2.9		
D	Date August 25, 2017		Date		

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E:II :	thic inform	notion to identify you				
		nation to identify you				
Debto	or 1	Donna J. Nutow First Name	Middle Name	Last Name		
Debto (Spous	or 2 se if, filing)	First Name	Middle Name	Last Name		
Unite	d States Ba	nkruptcy Court for the:	NORTHERN DISTRICT (OF ILLINOIS		
Case (if know	number _				_	Check if this is an mended filing
Sta Be as inform	complete a	and accurate as possi ore space is needed,	ible. If two married people a attach a separate sheet to		ankruptcy equally responsible for sup additional pages, write you	
numb Part		n). Answer every que: Details About Your Ma	stion. arital Status and Where You	ı Lived Before		
		r current marital statu	ıs?			
	☐ Married ■ Not mai	ried				
2. C	Ouring the I	ast 3 years, have you	lived anywhere other than	where you live now?		
	■ No □ Yes. Lis	t all of the places you l	ived in the last 3 years. Do no	ot include where you live now	<i>'</i> .	
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory co, Texas, Washington and W	
[■ No □ Yes. Ma	ake sure you fill out <i>Scl</i>	hedule H: Your Codebtors (O	fficial Form 106H).		
Part :	2 Explai	n the Sources of You	r Income			
F	ill in the tota	al amount of income yo	u received from all jobs and a	ng a business during this yeall businesses, including partetogether, list it only once ur		ndar years?
[☐ No ■ Yes. Fil	I in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	•	of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$31,131.03	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

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				Debtor 1		Debtor 2		
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inco		Gross income (before deductions and exclusions)
	or last calen anuary 1 to		31, 2016)	■ Wages, commissions, bonuses, tips	\$44,742.00	☐ Wages, common bonuses, tips	nissions,	
				☐ Operating a business		☐ Operating a b	usiness	
	or the calend anuary 1 to			■ Wages, commissions, bonuses, tips	\$46,185.00	☐ Wages, common bonuses, tips	nissions,	
				☐ Operating a business		☐ Operating a b	usiness	
	and other winnings. List each s	public benef If you are fili	iit payments; ng a joint cas he gross inco	er that income is taxable. Exa pensions; rental income; inter le and you have income that y ome from each source separat	est; dividends; money collector received together, list it o	ted from lawsuits; re nly once under Deb	oyalties; and btor 1.	
				Debtor 1		Debtor 2		
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of inco Describe below.	me	Gross income (before deductions and exclusions)
	or the calend anuary 1 to			401(k) distribution	\$46,667.00			
Pa	art 3: List	Certain Pa	yments You	Made Before You Filed for I	Bankruptcy			
6.	Are either No.	Neither De	ebtor 1 nor D	s debts primarily consumer bebtor 2 has primarily consu personal, family, or househol	imer debts. Consumer debts	s are defined in 11 l	J.S.C. § 10 ⁻	1(8) as "incurred by an
		•	90 days befo	re you filed for bankruptcy, di	d you pay any creditor a tota	of \$6,425* or more	∍?	
		□ No.	Go to line 7					
		☐ Yes	paid that cre not include	each creditor to whom you pai editor. Do not include paymen payments to an attorney for the	its for domestic support oblignis bankruptcy case.	ations, such as chil	ld support a	nd alimony. Also, do
		* Subject	to adjustment	on 4/01/19 and every 3 years	s after that for cases filed on	or after the date of	adjustment.	
	Yes.			r both have primarily consure you filed for bankruptcy, di		of \$600 or more?		
		■ No.	Go to line 7					
		□ _{Yes}	include pay	each creditor to whom you pai ments for domestic support ol this bankruptcy case.				
	Creditor'	s Name and	d Address	Dates of payme	nt Total amount paid	Amount you still owe	Was this p	payment for

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Deb	otor 1	Donna J. Nutow	Document	Cas	e number (if known)		
	Inside of which	n 1 year before you filed for bankruptors include your relatives; any general pach you are an officer, director, person in ness you operate as a sole proprietor. 1 by.	ontrol, or owner of 20%	neral partners; partne or more of their voting	rships of which yo securities; and ar	u are a genera ny managing a	al partner; corporations gent, including one for
		No Yes. List all payments to an insider.					
	Insid	er's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
	inside Includ	n 1 year before you filed for bankruptoer? e payments on debts guaranteed or cos No Yes. List all payments to an insider		yments or transfer a	ny property on a	ccount of a do	ebt that benefited an
		er's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment itor's name
	■ N □ Y	cations, and contract disputes. No Yes. Fill in the details. title number	Nature of the case	Court or agency		Status of th	e case
	Withir Check	n 1 year before you filed for bankrupto a all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below.		perty repossessed, fo	oreclosed, garnis	hed, attached	I, seized, or levied?
	Cred	itor Name and Address	Describe the Property Explain what happene		Date		Value of the property
	accou	n 90 days before you filed for bankrup ints or refuse to make a payment beca No 'es. Fill in the details.		cluding a bank or fin	ancial institution	, set off any a	mounts from your
	Cred	itor Name and Address	Describe the action th	e creditor took	Date :	action was	Amount
	Ceni PO E	rnal Revenue Service ralized Insolvency Operation Box 7346 adelphia, PA 19101-7346	IRS offset Debtor's 2016 federal income tax return of \$2064.00 against tax liability owed for 2015. Debtor still owes approximately \$2,000.00. Last 4 digits of account number:			/May	\$2,064.00

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

☐ Yes

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Case number (if known) Document Debtor 1 Donna J. Nutow

Pai	t 5: List Certain Gifts and Contributions			
13.	Within 2 years before you filed for bankrupto No Yes. Fill in the details for each gift.	y, did you give any gifts with a total value of more t	han \$600 per person	?
	Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:			
14.	Within 2 years before you filed for bankrupto ■ No □ Yes. Fill in the details for each gift or contri	y, did you give any gifts or contributions with a tota	al value of more than	\$600 to any charity?
	Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
Pai	t 6: List Certain Losses			
15.	Within 1 year before you filed for bankruptcy or gambling? No Yes. Fill in the details.	or since you filed for bankruptcy, did you lose any	thing because of the	t, fire, other disaster,
	how the loss occurred Incl	scribe any insurance coverage for the loss ude the amount that insurance has paid. List pending urance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Pai	t 7: List Certain Payments or Transfers			
16.	consulted about seeking bankruptcy or prep	, did you or anyone else acting on your behalf pay a aring a bankruptcy petition? Irers, or credit counseling agencies for services require		rty to anyone you
	□ No			
	Yes. Fill in the details.			
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Law Office of Thomas W. Lynch, P.C. 9231 S. Roberts Road Hickory Hills, IL 60457 twlpc@att.net	Attorney Fees + reimbursement of \$335.00 filing fee and \$33.00 credit report	various dates	\$1,382.00
17.	Within 1 year before you filed for bankruptcy promised to help you deal with your creditor Do not include any payment or transfer that you		or transfer any prope	rty to anyone who
	■ No □ Yes. Fill in the details.			
	Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

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Debtor 1 Donna J. Nutow

transferred in the or Include both outright	re you filed for bankruptcy dinary course of your bus transfers and transfers mad sfers that you have already	siness or financial affa le as security (such as t	airs? the granting of a s				
Person Who Received Address	ved Transfer	Description and v property transfer		payme	be any property or nts received or debts exchange	Dat	te transfer was de
Person's relationsh	nip to you				-		
	ore you filed for bankrupto are often called asset-prote		y property to a s	self-settled	l trust or similar devic	e of wh	nich you are a
☐ Yes. Fill in the d	etails.						
Name of trust	otalio.	Description and v	alue of the prop	erty transf	erred	Dat	te Transfer was
							u o
Part 8: List of Certain	Financial Accounts, Inst	ruments, Safe Deposi	t Boxes, and Sto	rage Units	ì		
20. Within 1 year before sold, moved, or tran	you filed for bankruptcy, sferred?	were any financial ac	counts or instru	ments held	d in your name, or for	your b	enefit, closed,
	Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.						
☐ Yes. Fill in the	details.						
Name of Financial I Address (Number, Stre Code)		Last 4 digits of account number	Type of account instrument		Date account was closed, sold, moved, or transferred	be	Last balance efore closing or transfer
cash, or other valua	r did you have within 1 ye bles?	ar before you filed for	bankruptcy, an	y safe dep	osit box or other depo	sitory	for securities,
■ No □ Yes. Fill in the	details.						
Name of Financial	Institution eet, City, State and ZIP Code)	Who else had acc		Describe t	he contents		Do you still nave it?
Addi C55 (Number, one	set, oity, state and 2ii code)	State and ZIP Code)	areet, Oity,			•	iuvo it.
22. Have you stored pro	pperty in a storage unit or	place other than your	home within 1 y	ear before	e you filed for bankrup	tcy?	
■ No							
Yes. Fill in the	details.						
Name of Storage Fa Address (Number, Stro	acility seet, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		Describe t	he contents		Do you still nave it?
Part 9: Identify Prope	rty You Hold or Control fo	or Someone Else					
23. Do you hold or cont for someone.	rol any property that som	eone else owns? Incl	ude any property	y you borro	owed from, are storing	g for, o	r hold in trust
■ No							
☐ Yes. Fill in the	details.						
Owner's Name Address (Number, Stro	eet, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe t	he property		Value
Part 10: Give Details A	bout Environmental Infor	mation					
For the purpose of Part ′	10, the following definition	ns apply:					

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

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Debtor 1 Donna J. Nutow

> toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

		or similar term.					
ort a	Il notices, releases, and proceedings that	at you know about, regardless of when	n the	ey occurred.			
Has	any governmental unit notified you that	you may be liable or potentially liable	unc	der or in violation of an environme	ental law?		
	No						
	Yes. Fill in the details.						
		Governmental unit Address (Number, Street, City, State an ZIP Code)	d	Environmental law, if you know it	Date of notice		
Hav	e you notified any governmental unit of	any release of hazardous material?					
■ No □ Yes. Fill in the details.							
		Governmental unit Address (Number, Street, City, State an ZIP Code)	Address (Number, Street, City, State and		Date of notice		
Hav	e you been a party in any judicial or adm	ninistrative proceeding under any envi	ironi	mental law? Include settlements a	and orders.		
	No Yes. Fill in the details.						
Case Title Case Number		Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case Status case		Status of the case		
111:	Give Details About Your Business or	Connections to Any Business					
Witl	— nin 4 vears before you filed for bankrupt	cv. did vou own a business or have ar	ıv of	the following connections to any	business?		
			•	•			
	☐ A member of a limited liability comp	any (LLC) or limited liability partnersh	ip (L	LP)			
	☐ A partner in a partnership						
	☐ An officer, director, or managing executive of a corporation						
	☐ An owner of at least 5% of the voting	g or equity securities of a corporation					
	No. None of the above applies. Go to P	art 12.					
	Yes. Check all that apply above and fill	in the details below for each business	s.				
		Describe the nature of the business					
		Name of accountant or bookkeeper		Do not include Social Security number or ITIN.			
		cy, did you give a financial statement	to ar		de all financial		
	No						
☐ Yes. Fill in the details below.							
Name Address (Number, Street, City, State and ZIP Code)							
	Has Nail Add Hav Nail Add Hav With inst	No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Have you notified any governmental unit of the site Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Have you been a party in any judicial or adm No Yes. Fill in the details. Case Title Case Number A sole proprietor or self-employed in A member of a limited liability comp A partner in a partnership An officer, director, or managing executed and summer of at least 5% of the voting No. None of the above applies. Go to Person of the site of the s	No No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Case Title Case Number Court or agency Name Address (Number, Street, City, State and ZIP Code) State and ZIP Code) Title Give Details About Your Business or Connections to Any Business Within 4 years before you filed for bankruptcy, did you own a business or have are A sole proprietor or self-employed in a trade, profession, or other activity, A member of a limited liability company (LLC) or limited liability partnersh A partner in a partnership An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business Business Name Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Within 2 years before you filed for bankruptcy, did you give a financial statement institutions, creditors, or other parties. No Yes. Fill in the details below. Name Date Issued	No No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) Have you notified any governmental unit of any release of hazardous material? No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details. Case Title Case Number Case Number Case Number No A sole proprietor or self-employed in a trade, profession, or other activity, eith A member of a limited liability company (LLC) or limited liability partnership (I A partner in a partnership An officer, director, or managing executive of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Business Name Address (Number, Street, City, State and ZIP Code) Now Yes. Fill in the details below. Name Officer, director, or other parties. No Yes. Check and I that apply above and fill in the details below for each business. Name of accountant or bookkeeper Within 2 years before you filed for bankruptcy, did you give a financial statement to an institutions, creditors, or other parties. No Yes. Fill in the details below. Name Date Issued	Yes. Fill in the details. Name of site Address (Number, Street, City, State and ZIP Code) No Yes. Fill in the details.		

Part 12: Sign Below

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Debtor 1 Donna J. Nutow

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Do	onna J. Nutow		
	na J. Nutow hture of Debtor 1	Signature of Debtor 2	
Date	August 25, 2017	Date	
Did yo	u attach additional pages to Yo	ır Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 10)7)?
No			
☐ Yes	;		
Did yo	u pay or agree to pay someone	who is not an attorney to help you fill out bankruptcy forms?	
No			
☐ Yes	. Name of Person . Attach	he Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).	

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Fill in this inform	ation to identify your	case:				
Debtor 1	Donna J. Nutow					
	First Name	Middle Name		Last Name	-	
Debtor 2 (Spouse if, filing)	First Name	Middle Name		Last Name	-	
United States Ban	kruptcy Court for the:	NORTHERN DIST	TRICT OF ILLI	NOIS		
Case number					-	
(if known)						☐ Check if this is an
						amended filing
Ο #: -: -! Г - :	100					
Official For			.: dala	Filimar I Imalaa Oba	7	
Statemen	t of Intentio	n tor inaiv	/iduais	Filing Under Cha	pter /	12/15
If you are an indiv	ridual filing under chap	pter 7, you must fill	ll out this form	n if:		
creditors have	claims secured by you	ur property, or				
	ed personal property a			bankruptcy petition or by the da	ite set for th	e meeting of creditors
	er is earlier, unless th			se. You must also send copies		
	ople are filing together d date the form.	r in a joint case, bo	th are equally	responsible for supplying corre	ect informat	ion. Both debtors must
Be as complete a	nd accurate as possib	le. If more space is	s needed, atta	ch a separate sheet to this form	. On the top	of any additional pages,
write yo	ur name and case nun	nber (if known).				
Part 1: List Yo	ur Creditors Who Have	e Secured Claims				
		art 1 of Schedule D	: Creditors W	ho Have Claims Secured by Pro	perty (Offici	al Form 106D), fill in the
information bel	ow. ditor and the property the	hat is collateral		ou intend to do with the property		Did you claim the property
			secures a c	lebt?	а	s exempt on Schedule C?
One ditende	W. T				_	7
Creditor's Fi f	fth Third Bank			er the property. he property and redeem it.	L	□No
Decemention of	0040 11/4 40/1 0/	. II CONE	☐ Retain th	ne property and enter into a	•	Yes
property	8916 W 140th Stree Orland Park, IL 604	•		nation Agreement. ne property and [explain]:		
securing debt:	County		■ Retain th	ie property and [explain].		
	Purchased in 2012 \$92,500.00. Mortga					
	loan with a balance \$80.220.00. Value		Debtor w	vill retain collateral and conti	inue	
	CMA.	according to		e payments		
Part 2: List Yo	ur Unexpired Persona	I Property I eases				
For any unexpired	d personal property lea	ase that you listed		G: Executory Contracts and Une		
				s are leases that are still in effectives not assume it. 11 U.S.C. § 36		period has not yet ended.
Describe your un	nexpired personal prop	nerty leases			Will th	ne lease be assumed?
•	.cpii oa poroonai proj	23.19 100000				
Lessor's name: Description of leas	sed				□ No)
Property:					☐ Ye	es

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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Del	otor 1	Donna J. Nutow	Case number (if known)
	sor's n		□ No
	scription perty:	n of leased	☐ Yes
	sor's n		□ No
	scription perty:	n of leased	☐ Yes
	sor's n		□ No
	perty:	n of leased	☐ Yes
	sor's n		□ No
	scriptioi perty:	n of leased	☐ Yes
	sor's n		□ No
	scriptioi perty:	n of leased	☐ Yes
	sor's n		□ No
	scriptioi perty:	n of leased	☐ Yes
Par	t 3:	Sign Below	
Und prop	er pen perty th	alty of perjury, I declare that I have indica nat is subject to an unexpired lease.	ed my intention about any property of my estate that secures a debt and any personal
Χ	/s/ D	onna J. Nutow	x
		na J. Nutow ature of Debtor 1	Signature of Debtor 2
	Date	August 25, 2017	Date

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-26253 Doc 1 Filed 08/31/17 Entered 08/31/17 14:05:00 Desc Main Document Page 50 of 52

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

In re	Donna J. Nutow		Case No.				
		Debtor(s)	Chapter	7			
	DISCLOSURE OF COMPENSAT	TION OF ATTOR	NEY FOR DE	EBTOR(S)			
	rursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that ompensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to e rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:						
	For legal services, I have agreed to accept		\$	1,382.00			
	Prior to the filing of this statement I have received		\$	1,382.00			
	Balance Due		\$	0.00			
2.	\$_335.00 of the filing fee has been paid.						
3.	The source of the compensation paid to me was:						
	■ Debtor □ Other (specify):						
4.	The source of compensation to be paid to me is:						
	■ Debtor □ Other (specify):						
5.	■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law fir						
	☐ I have agreed to share the above-disclosed compensation wi copy of the agreement, together with a list of the names of the						
6.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:						
	 a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods. 						
7.	By agreement with the debtor(s), the above-disclosed fee does n Representation of the debtors in any discharge any other adversary proceeding.	ot include the following seability actions, judici	service: ial lien avoidanc	es, relief from stay actions or			
	CER	TIFICATION					
	I certify that the foregoing is a complete statement of any agreer bankruptcy proceeding.	ment or arrangement for p	payment to me for re	epresentation of the debtor(s) in			
4	August 25, 2017	/s/ Thomas W. Lyn	ch				
	Date	Thomas W. Lynch					
		Signature of Attorney Law Office of Thor	nas W. I vnch. P	.C.			
		9231 S. Roberts Ro	oad				
		Hickory Hills, IL 60		,			
		(708) 598-5999 Fa twlpc@att.net	x. (100) 598-6298	9			
		Name of law firm					

United States Bankruptcy CourtNorthern District of Illinois

		1 tot them District of Immors			
In re	Donna J. Nutow		Case No.		
		Debtor(s)	Chapter	7	
	VE	CRIFICATION OF CREDITOR M	IATRIX		
		Number of	Creditors:	21	
	The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.				
Date:	August 25, 2017	/s/ Donna J. Nutow Donna J. Nutow Signature of Debtor			

Citibank / Searse 17-26253
Attn: Centralize Bankruptcy
Po Box 790040
Saint Louis, MO 63179

Doc 1

ବିକ୍ରିୟି Desc Main C/O Financial & Retail Srvs Mailstopn BT POB 9475 Minneapolis, MN 55440

Citibank North America Centralized Bankruptcy Po Box 790040 Saint Louis, MO 63179 Lending Club Corp 71 Stevenson St Suite 300 San Francisco, CA 94105

Comenity Bank/Lane Bryant Attn: Bankruptcy Po Box 182125 Columbus, OH 43218 Loyola Medicine
Bankruptcy Dept
2 Westbrook Corp Ctr, ste 700
Westchester, IL 60154

Dept Of Ed/Navient Attn: Claims Dept P.O. Box 9635 Wilkes Barr, PA 18773 Loyola University Health System Bankruptcy Dept 2160 S. First Ave Maywood, IL 60153

Discover Financial Po Box 3025 New Albany, OH 43054 Medicredit Inc. Po Box 1629 Maryland Heights, MO 63043

ER Medical Associates of Palos Bankruptcy Dept PO Box 5969 Carol Stream, IL 60197-5969 Palos Health Bankruptcy Department 12251 South 80th Avenue Palos Heights, IL 60463

ER Medical Associates of Palos Bankruptcy Dept Po Box 808 Grand Rapids, MI 49518-0808 Palos Health PO Box 83239 Chicago, IL 60691-0239

Fifth Third Bank 5/3 Bank Bankruptcy Department 1830 E Paris Ave Se Grand Rapids, MI 49546 Radiology & Nuclear Consultants Bankruptcy Dept 7808 W College Dr Ste 1SE Palos Heights, IL 60463

Gottlieb Memorial Hospital Bankrupty Dept 701 W. North Ave Melrose Park, IL 60160 Radiology & Nuclear Consultants Bankruptcy Dept PO Box 71260 Chicago, IL 60694-1260

Internal Revenue Service Cenralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101-7346 Synchrony Bank/Sams Attn: Bankruptcy Po Box 965060 Orlando, FL 32896